

## General

### Title

Nursing care: percentage of families informed by nursing staff.

### Source(s)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of families informed by nursing staff.

### Rationale

The aim of intensive care medicine is to provide critical patients with the healthcare that they need, ensuring the quality and safety of care. Intensive care medicine is one of the principal components of modern healthcare systems. There is an increasing demand for this resource, which involves high costs.

The quality of care has gradually come to be the central focus of healthcare, and in recent years patient safety has come to represent one of the key aspects of quality. In the case of intensive care medicine, this interest in quality is even more evident, not only because of its social and economic impact, but also because some of the dimensions involved in the quality of care of critical patients take on greater importance: critical patients are more vulnerable, access to critical care is more limited so efforts to distribute resources equitably are more important, scant scientific evidence is available, and the efficiency is limited.

Families have a priority need to receive information from the multidisciplinary team. Nursing staff members have a more holistic view of the patient and more contact with patients' families. Protocolized transmission of information from nursing staff to patients' families helps to reduce family members' stress and anxiety and can help achieve greater cooperation from the family in the critical patients' healthcare process.

## Evidence for Rationale

Hidalgo Fabrellas I, Vázquez Páez Y, Pueyo Ribas E. [What is important for the family of patients in the intensive care unit?]. *Enferm Intensiva*. 2007 Jul-Sep;18(3):106-14. [PubMed](#)

Nelson DP, Plost G. Registered nurses as family care specialists in the intensive care unit. *Crit Care Nurse*. 2009 Jun;29(3):46-52; quiz 53. [PubMed](#)

Olsen KD, Dysvik E, Hansen BS. The meaning of family members' presence during intensive care stay: a qualitative study. *Intensive Crit Care Nurs*. 2009 Aug;25(4):190-8. [PubMed](#)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Zaforteza C, Gastaldo D, de Pedro JE, SÁnchez-Cuenca P, Lastra P. The process of giving information to families of critically ill patients: a field of tension. *Int J Nurs Stud*. 2005 Feb;42(2):135-45. [PubMed](#)

Zaforteza C, SÁnchez C, Lastra P. [Analysis of the literature on the relatives of the critical patient: research in effective care needs to be performed]. *Enferm Intensiva*. 2008 Apr-Jun;19(2):61-70. [PubMed](#)

## Primary Health Components

Nursing care; family; information

## Denominator Description

Number of patients discharged from the critical care department (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Number of families informed by nursing staff (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Additional Information Supporting Need for the Measure

Unspecified

## Extent of Measure Testing

Unspecified

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Hospital Inpatient

Intensive Care Units

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

### Statement of Acceptable Minimum Sample Size

Unspecified

### Target Population Age

Age greater than or equal to 18 years

### Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Getting Better

## IOM Domain

Effectiveness

Patient-centeredness

# Data Collection for the Measure

## Case Finding Period

Unspecified

## Denominator Sampling Frame

Patients associated with provider

## Denominator (Index) Event or Characteristic

Institutionalization

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

## Inclusions

Number of patients discharged from the critical care department

Population: Families of all patients admitted during the period reviewed.

## Exclusions

Patients without families or similar relations

Patients who have formally expressed the desire that information be withheld from their families

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

Number of families informed by nursing staff

#### Note:

The information transmitted should include at least the following aspects:

Information about the care provided for the patient by the nursing staff

Information about the patient's condition and comfort, including physical, psychological, and emotional aspects

Emotional support for the families

Families should be informed on a daily basis.

Families should be informed in the appropriate physical space (office or bedside, depending on the patient's situation).

The provision of information should be documented in the clinical records.

Nursing staff should not provide information about prognostics, diagnostics, or treatment; this is the physician's role.

### Exclusions

Unspecified

## Numerator Search Strategy

Institutionalization

## Data Source

Electronic health/medical record

Paper medical record

Patient/Individual survey

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

### Measure Specific Description

## Measure Species Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Standard of Comparison

not defined yet

## Prescriptive Standard

Standard: 95%

## Evidence for Prescriptive Standard

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

## Identifying Information

### Original Title

Information from nursing staff to patients' families.

### Measure Collection Name

Quality Indicators in Critically Ill Patients

### Measure Set Name

Nursing Care

### Submitter

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

## Developer

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

## Funding Source(s)

Boehringer Laboratories

## Composition of the Group that Developed the Measure

Work Group for Nursing (SEEIUC)

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## Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2011 Mar

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

2016 Jul

## Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in May 2016.

## Measure Availability

Source available in [English](#)  and [Spanish](#)  from the Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC) Web site.

For more information, contact SEMICYUC at Paseo de la Reina Cristina, 36, 4<sup>o</sup> D, Madrid, Spain; Phone: +34-91-502-12-13; Fax: +34-91-502-12-14; Web site: [www.semicyuc.org](http://www.semicyuc.org) ; E-mail: [secretaria@semicyuc.org](mailto:secretaria@semicyuc.org).

## NQMC Status

This NQMC summary was completed by ECRI Institute on March 20, 2014. The information was verified by the measure developer on April 25, 2014.

The information was reaffirmed by the measure developer on May 10, 2016.

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## Production

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